

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1774AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2010
NAME OF PROVIDER OR SUPPLIER LOYALTON OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 1/12/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eighty-nine (89) Residential Facility for Group beds for elderly and disabled persons and sixteen (16) Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 82. Twenty resident files were reviewed and eleven employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	Y 105		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 1/12/10, the facility failed to ensure 1 of 11 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #4). This was a repeat deficiency from the 1/30/09 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 1/12/10, the facility failed to ensure 1 of 11 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #3). This was a repeat deficiency from the 1/30/09 State Licensure survey. Severity: 2 Scope: 1	Y 106		

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Y 255	Continued From page 2	Y 255			
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28626 Based on observation on 01/12/2010, the facility failed to comply with the standards prescribed in chapter 446 of NAC. The following citations were identified:</p> <p>The following finding was a critical violation, which has been shown to substantially increase the risk of foodborne illness, particularly in highly susceptible populations who may be immune compromised:</p> <p>The low temperature dishwashing machine was not sanitizing soiled dishware/kitchenware due to improperly priming the sanitizer lines.</p> <p>Findings also include the following violations that relate primarily to cleaning and sanitation issues:</p>	Y 255			

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Y 255	Continued From page 3 The following equipment, located in the memory care unit was household: Refrigerator and microwave. All equipment used to store or prepare resident food must comply with NSF commercial standards. Food-contact and non-food contact surfaces of equipment were soiled with food debris and/or damaged, including the flour and oatmeal storages containers, juice dispenser, and gaskets on the walk-in refrigerator. Outside garbage containers were found uncovered and unprotected. Kitchen floors were heavily soiled with food debris especially under equipment and throughout the dishroom. The air vent located above the food preparation area was soiled with dust and debris. The hood vents above the oven/stove were soiled with grease and debris. Severity: 2 Scope: 3	Y 255			
Y 393 SS=F	449.226(4)(a)-(c) Safety Requirements NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if	Y 393			

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Y 393	Continued From page 4 the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/12/10, the facility failed to respond to the auditory alarms in 3 of 5 sampled bathrooms (Bathroom #8, #22 and #54). Severity: 2 Scope: 3	Y 393		
Y 876 SS=D	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and record review on 1/12/10, 1 of 20 residents admitted by the facility required	Y 876		

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Y 876	Continued From page 5 daily assessment of heart rate and/or blood pressure prior to administration of medications (Resident #8). Findings include: Resident #8 was prescribed Carvedilol 6.25 milligrams (mg) one tablet twice a day in the morning and evening. The medication directions on the bottle and on the January 2010 medication administration record (MAR) documented take blood pressure and pulse before giving, hold if pulse is less than 60. Interview with Employee #11 revealed the medication technicians used a blood pressure cuff, and based on Resident's pulse the medication technician determined if the resident was given the medication. Severity: 2 Scope: 1	Y 876			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by:	Y 878			

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Y 878	Continued From page 6 Surveyor: 27364 Based on record review and interview on 1/12/10, the facility failed to ensure 1 of 20 residents received medications as prescribed (Resident #11). Findings include: Resident #11 was prescribed Alprazolam .25 mg one tablet every eight hours at 6:00 AM, 2:00 PM, and 10:00 PM. Resident #11 missed one 6:00 AM dose on 12/28/09, the medication technician documented waiting for delivery medication not given. This was a repeat deficiency from the 10/21/09 State Licensure survey. This was a repeat deficiency from the 9/8/09 State Licensure survey. This was a repeat deficiency from the 6/30/09 State Licensure survey. This was a repeat deficiency from the 6/11/09 State Licensure survey. This was a repeat deficiency from the 5/28/09 State Licensure survey. This was a repeat deficiency from the 5/13/09 State Licensure survey. This was a repeat deficiency from the 3/24/09 State Licensure survey. This was a repeat deficiency from the 1/30/09 State Licensure survey. Severity: 2 Scope: 1	Y 878			
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been	Y 885			

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Y 885	<p>Continued From page 7</p> <p>discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 1/12/10, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred.</p> <p>Findings include:</p> <p>Resident #1 was prescribed Loratadine 10 milligrams (mg) one tablet every day as needed (PRN). A bubble pack filled 12/22/08, expired 12/09 was found in the medication cart. The medication was not destroyed. A second bubble pack of Loratadine was filled 11/26/08, expired 11/09 and was not destroyed.</p> <p>Resident #4 was prescribed Tramadol HCL 50 mg one tablet three times a day PRN. A bottle of Tramadol HCL was filled 12/12/08, expired 12/12/09 and was not destroyed.</p> <p>This was a repeat deficiency from the 9/8/09 State Licensure survey.</p>	Y 885			

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Y 885	Continued From page 8 Severity: 2 Scope: 1	Y 885			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 1/12/10, the facility failed to ensure 1 of 20 residents complied with NAC 441A.380 regarding tuberculosis (Resident #4) which affected all residents. The file for Resident #4 failed to provide evidence of a second step tuberculosis test. This was a repeat deficiency from the 6/11/09 State Licensure survey. This was a repeat deficiency from the 1/30/09 State Licensure survey. Severity: 2 Scope: 3	Y 936			
Y 944 SS=A	449.2749(2) Resident File - Discharge Documentation	Y 944			

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Y 944	Continued From page 9 NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review and interview on 1/12/10, the facility failed to provide complete documentation regarding a resident who had been discharged (Resident #21). Findings include: During an interview Employee #7 stated the facility failed to complete discharged summaries. Severity: 1 Scope: 1	Y 944		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door	Y 991		

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Y 991	<p>Continued From page 10</p> <p>is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 1/12/10, the facility failed to ensure the facility the alarm on the door leading to the patio in the memory care unit was activated.</p> <p>Severity: 2 Scope: 3</p>	Y 991			

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